

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKRAMÓN ISÍDRO MEJÍA**16CV 9706**
COMPLAINT

(In the space above enter the full name(s) of the plaintiff(s).)

-against-Jury Trial: ☒ Yes ☐ No
(check one)N.Y.P.D. 450th Precinct
LT. MACDONOUGH PLUS 12-14
OFFICERS FROM SPECIAL UNIT
AT 50TH PCT. THE HEALTH
& HOSPITALS CORP. INCLUDING
THE NORTH-CENTRAL BRONX
HOSPITAL - 13TH FLOOR, DR. SCHEAR
N.Y.C.M.S. THE COLUMBIA PRESBY
TERIAN MED. CENTER & MISS DAVIS
ALICE BENEDICT & SERGIO

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

AND ANA GUNBLA
AND CIVIL
COUNTY OF CITY
OF N.Y. BRONX
1119 GRAND CONCOURSE.**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

RAMÓN ISÍDRO MEJÍA
3025 FORD WINTER TERRACE #5F
BRONX N.Y.C.
NEW YORK STATE, 10463-5351
347-367-9151

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Street Address

LT. MACDONOUGH N.Y.P.D.
50th PCT. 234th St & B'way
BRONX, N.Y.C.

County, City Bronx, N.Y.C.
 State & Zip Code N.Y.S. 10463
 Telephone Number ?

Defendant No. 2

Name Miss DAVIS - COLUMBIA-PRES-MED
 Street Address 168th ST & BROADWAY CENTER
 County, City N.Y. COUNTY - N.Y.S.
 State & Zip Code NEW YORK STATE
 Telephone Number ?

Defendant No. 3

Name DR. SCHEAR - NORTH-CENTRAL-BRONX
 Street Address 3424 KOSUTH AVE HOSPITAL
 County, City BROOKLYN N.Y.C.
 State & Zip Code N.Y.S. 110467
 Telephone Number ?

Defendant No. 4

Name OTHER UNKNOWN MEMBERS OF THE
 Street Address N.Y.D.P. → 50th PRENT-EMS AMBULANCE,
 County, City EMPLOYEES OF THE HEALTH HOSPITALS
 State & Zip Code CO. AND THE COLUMBIA-PRESBY
 Telephone Number TERIAN MEDICAL CENTER, 168th ST. & B'WAY - N.Y.C.

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? 42 U.S.C 1983, Fourth, Fifth, Sixth, Fourteenth Amendments to United States Constitution

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur?

AT 3025 GODWIN TERRACE
APT 5F ON 6TH FLOOR AND AT NORTH-CENTRAL BRONX HOSPITAL,
3424 KOSSEUTH AVENUE - BRONX, NYC 10469

B. What date and approximate time did the events giving rise to your claim(s) occur?

APPROXIMATELY
-LY BETWEEN 10:20 AM & 11:45 AM (THEN TRANSPORTED BY AMBULANCE
WITH ONE FEMALE POLICE OFFICER GUARDING ME TO NORTH
CENTRAL-BRONX-HOSPITAL.

C. Facts:

ON MORNING OF SEPT. 10TH-2015 AT ABOUT 9:30 AM
TO 10:15 AM A MISS DAVIS-SOCIAL WORKER ACCOMPANIED BY A
MALE ASSOCIATE, KNOCKED ON MY DOOR. I SAW THROUGH PEEP
HOLE AN AFRICAN-AMERICAN WOMAN AND AN (A, P) MALE, TALL
PERSON AND I ASKED WHO THEY WERE, SHE SAID THAT SHE
WAS THE PERSON THAT HAD BEEN CALLING ME TRYING TO GET
ME TO COME TO (C.B.M.C) THAT SHE WANTED TO TALK TO ME ABOUT MY
PROBLEMS WITH THE LANDLORD. I LET THEM IN AND PROCEEDED
TO SHOW HER THE MULTIPLE WATER LEAKS ON KITCHEN CEILING
THE BURNED & CHARGED GAS METER, THE WHITE GLUE-TYPE MATS
WITH RAGGED MICE & LARGE-WINGED FLYING MOORCHES FROM THE
TROPICS ALL ON TOP OF MY GAS-STOVE FILLED WITH MICE &
DROPPINGS. SHE SEEMED TO DISMISS AND NOT ACKNOWLEDGE THE
HORRENDOUS CONDITIONS I EXISTED WITH. SO I ASKED THE
MALE TO PLEASE GET HIS PARTNER OUT OF MY APT. AND NEVER
COME BACK. I CLOSE MY DOOR-LOCK-IT. ABOUT 15-20 MIN LATER
THERE'S A COMMOTION IN HALLWAY AND ABOUT (13) POLICE OFFICERS
ARE BANGING ON DOOR CLAIMING THEY WISH TO TALK TO ME. I DID NOT
OPEN MY DOOR, SO THEY PROCEEDED TO BREAK THE LOCK. AND DID NOT

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

ENGAGED IN CONVERSATION WITH LT. McDONOUGH. HE ASKED ME
TO STAND IN FRONT OF DOOR SO HE COULD TALK TO ME, BUT
INSTEAD I STOOD BY ENTRANCE TO KITCHEN ADJACENT TO HALLWAY.
THEN I SEEM HEAR THE PEEP HOLE METAL BLOW AWAY BY SOME
OF PLOW-TORCH AND I IMMEDIATELY NOTICE "SMALL ROUND
-INF SAID TO SELF "JESUS THESE COPS CAME HERE TO KILL ME. SO I
SO I CALL MY SISTER IN (MASS) AND I TELL THE LT. THAT
MY SISTER WORKED FOR THE (U.S. DEPT OF JUSTICE) HALL
AND SHE THEN HAS ME ASK THE NAME OF SUPERVISOR IN CHARGE.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

HES SAID LT. MC DONOUGH AND, HE GAVE HIS BADGE #, PLUS THE NAME OF THE WOMAN FROM (C.P.M.C.) MISS DAVIS. THEN MY SISTER SAID TELL THE LT. THAT THE MEDIA IS ON WAY TO YOUR APT. AFTER ABOUT ONE-HOUR COPS BUSTED THRU DOOR - ONE LARGE TALL OFFICER CAME IN AND TOOK ME INTO CUSTODY AS THEY SAID & PUT HAND COFFS ON ME. THEN THEY PUSHED ME OUT AND DOWN THE STAIRS & WARNED THEM THAT MY RIGHT FOOT WAS IN PAIN AND HAND-COFFED, I DID NOT HAVE BALANCE TO GO ANY FASTER. I REMINDED THEM THAT I WAS A RETIRED CIVIL SERVICE MEMBER - DISABLED BY (O.T.O.T). MY INJURIES INCLUDE TRAUMA TO RIGHT FOOT & BACK DUE TO FALLING DOWN STAIRS AND THE UNBALANCED ATTEMPT BY ME TO RESIST & KEEP FROM FALLING DOWN THE STAIRS. PLUS SINCE I HAVE NIGHTMARES ABOUT POLICE ABUSING ME, AND WHEN I HAVE SEE UNIFORMED MEMBERS I FEEL ANGST, ANXIETY AND PARANOIA.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 14th day of DECEMBER, 2016.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one) X

Ramon J. Mejia
3025 GODWIN TERRACE
#5/F BRONX, N.Y.C. 10463

347-367-9151

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____

V. RELIEF: I'M Suing FOR \$100,000,000 DUE TO THE FACT THAT I WAS TREATED WITH SUCH COLLOUSNESS BY THOSE DEPTS OF CITY DISPISTE MY IMPECCABLE WORK RECORD AT NYCTA AND I TESTIFIED FOR NYPD-1985 IN N.Y.C. GRAND JURY - RISKING MY LIFE & LIFE OF MY FAMILY!